

Changing patterns in the organization of the venereal diseases service in Great Britain

R. D. CATTERALL

Department of Venereology, The Middlesex Hospital, London, W.1.

The venereal diseases services in Great Britain was established over half a century ago in 1916 as a result of a report by a Royal Commission set up to advise the government. An Act of Parliament, the Venereal Diseases Regulations of 1916, instructed local authorities to build, equip, and staff clinics in all areas of the country, where treatment was to be free and confidential. Further legislation, the Venereal Diseases Act of 1917, made it an offence for anyone to advertise treatment or for anyone other than a qualified doctor to treat those with venereal diseases.

After 30 years under local authority control, the clinics were incorporated into the National Health Service in 1948 and became the responsibility of the Boards of Governors of Teaching Hospitals or of the Regional Hospital Boards. Gradually a comprehensive service has been built up covering the whole country with the major centres at the teaching hospitals (Table I). There are about 200 clinics in England and Wales and twenty in Scotland and Northern Ireland, a total of 220 clinics serving a population of 55,711,000. They are staffed by consultants, medical assistants, and junior doctors in all the usual training grades. In addition there are nurses, technicians, and clerical staff, as well as

medical social workers and specially trained contact tracers. Many clinics are open for long hours each day—often up to 9 hours—in order to make it as easy as possible for those who may be infected to receive medical attention as early as possible. Some of the smaller clinics are open for only a few hours each week. Notices advertising the clinics are usually posted in public buildings such as town halls, and in public lavatories, health departments, and some post offices. A venereal diseases telephone service giving the address, telephone number, and hours of opening for medical consultation is available in some areas.

Venereology is now an independent medical specialty, completely separate from dermatology and close to general internal medicine. It is recognized as a specialty within the field of medicine by the Royal Colleges of Physicians and the universities, but it is still the only medical specialty in Britain without a university chair.

A suitable plan for the training of future consultants has been accepted by the Royal Colleges of Physicians and arrangements are well advanced for the establishment of a specialist medical register of fully trained physicians, in anticipation of Great Britain's entry into the European Economic Community.

Arrangements are being made with the Royal College of Nursing for a training scheme in venereology for nurses of both sexes and contact tracers and social workers have recently formed an organization called the Society of Social Workers in Venereology.

The work of the Medical Society for the Study of Venereal Diseases and of the British Federation against the Venereal Diseases is widely known, and the *British Journal of Venereal Diseases* continues to be the principal scientific publication in the world concerned primarily with sexually transmitted diseases.

During the past 15 years there has been a great increase in the number of new patients attending the clinics. In the decade between 1960 and 1970 the numbers increased by over 80 per cent. In 1960 there were 129,500 new patients and in 1970 more

TABLE I *Structure of the venereal diseases service in Great Britain*

- 1 Department of Health and Social Security
- 2 Boards of Governors of Teaching Hospitals
Regional Hospital Boards
- 3 Consultants in Charge of Clinics
University Lecturers and Teachers
Other Consultants
- 4 Medical Assistants, Senior Registrars, Registrars and
Senior House Officers
General Practitioner Clinical Assistants
- 5 Medical Officers of Health
Health Visitors and Contact Tracers
- 6 Medical Social Workers
- 7 The Council for Health Education
The Medical Society for the Study of Venereal
Diseases
The British Federation against the Venereal Diseases
- 8 Medical Research Council

than 255,000 (Fig. 1). This is the first time since statistics were kept that over a quarter of a million new patients have been reported in one year, and it means that one person in every 200 of the population is attending a clinic each year. In some areas the numbers of patients have increased dramatically, especially in certain parts of the Greater London area, where nearly half the total cases in the whole of England and Wales are seen. A large proportion of these patients go to clinics in the North West Metropolitan Regional Hospital Board area.

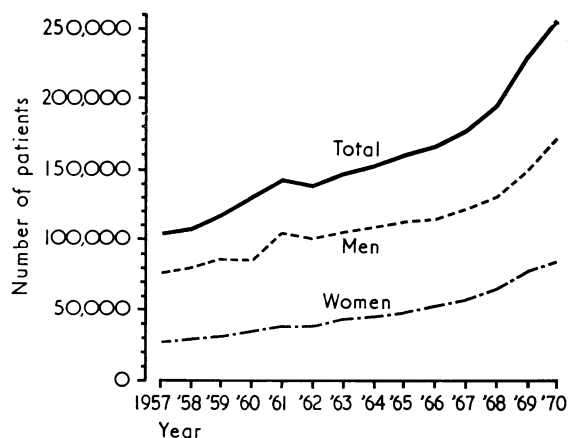


FIG. 1 New patients attending VD clinics in England and Wales, 1957-70

The accelerating increase in the numbers of patients attending the clinics has necessitated the redistribution of resources in some large general hospitals. For example, at the Middlesex Hospital in central London, over 12,000 new patients attend the department of venereology each year; this is considerably more than the combined numbers of patients attending the medical and surgical departments and means that the department of venereology is by far the largest department in the hospital (Fig. 2).

During the past 20 years there has been a marked alteration in the type of disease seen at the clinics. The older, classical, statutory venereal diseases (syphilis, gonorrhoea, and chancroid) now constitute only about a quarter of the conditions diagnosed (Table II). The majority of patients are found to have other sexually transmitted diseases, such as non-specific genital infection, trichomoniasis, candidosis, genital herpes, warts, pediculosis pubis, scabies, and Reiter's disease, which have been recognized and classified as sexually transmissible only during the past quarter of a century. Throughout this period the work carried out by venereologists has broadened considerably and now embraces a

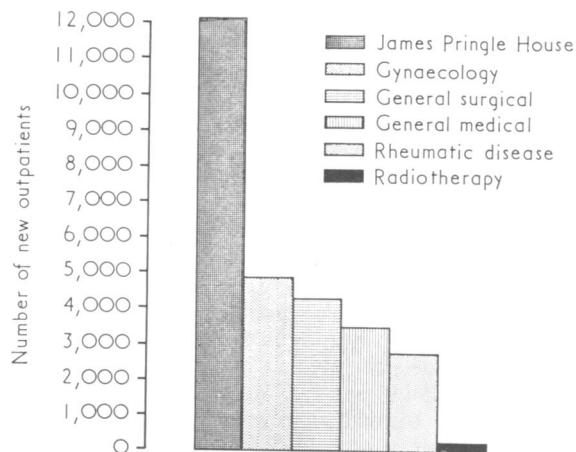


FIG. 2 Totals of new out-patients attending various departments at the Middlesex Hospital, London, in 1970

TABLE II Proforma used by the clinics for the quarterly return to the department of Health and Social Security for sexually transmitted diseases (Form SBH 60)

- A Syphilis
- B Gonorrhoea
- C Chancroid
- Lymphogranuloma venereum
- Granuloma inguinale
- Non-specific genital infection
- Non-specific genital infection with arthritis
- Trichomoniasis
- Candidiasis
- Scabies
- Pediculosis pubis
- Herpes simplex
- Warts
- Molluscum contagiosum
- D Other treponemal diseases
- Other conditions requiring treatment
- Other conditions not requiring treatment

wide variety of diseases of the genito-urinary tract, as well as many psychological, personal, and social problems.

Because of the very great increase in the number of patients, the shortage of trained staff, and the inadequate premises in many hospitals, a survey of departments of venereology in Great Britain was carried out in 1970 on behalf of the Medical Society for the Study of Venereal Diseases. A detailed questionnaire was sent to the physicians in charge of 210 clinics in the United Kingdom, and satisfactory replies were received from 180 (86 per cent.). The results indicated that there was severe overcrowding

at many clinics and that at 30 per cent. of them many patients were having to wait too long before seeing a doctor. The time available for each patient had had to be reduced and the majority of the doctors were working longer hours than they were paid for in order to deal with the increased work.

The premises of many clinics were too small for the number of patients attending, and were sometimes poorly maintained and badly sited. Nursing staff, especially male nurses, were in short supply, and ancillary help in the form of medical social workers, health visitors, contact tracers, secretaries, and receptionists was frequently inadequate. Very few of the clinics operated an appointments system.

An immediate review of the premises and staffing of all clinics throughout the country was therefore recommended to the Department of Health and Social Security.

The response by the Department has been most encouraging. Rebuilding of some of the most crowded clinics has been hurried forward and plans have been made for completely new clinics in some urban areas. The staff of the busiest clinics has been increased and more money has been made available for research by the Medical Research Council and the Department of Health. Universities and medical schools recognize the importance of teaching venereology to medical students and the curriculum usually includes adequate time for the subject. Post-graduate teaching is also popular at many centres and increasing demands are being made on venereologists to participate in these activities.

One of the most striking and important social developments of the 1960s has been the radical change in the sexual attitudes and behaviour of large sections of the population throughout the world, characterized particularly by the greater independence and freedom of girls and young women. There has been a sharp swing in public opinion in favour of sexual activity in all its forms; this movement has affected every section of modern society and the strong urge towards permissiveness has involved the majority of patients attending clinics for sexually transmitted diseases.

It may be asked whether the atmosphere in the clinics and the attitude of the doctors and staff kept pace with these sweeping changes in the social climate of the 1970s? Has communication on sexual matters between patients and doctors—normally a very conservative group in the community—become more difficult at a time when sex has never been discussed more openly or received greater publicity? What are the attitudes of the clinic staff to the increasing number of patients who regard infection with a sexually transmitted disease as a minor

accident of sexual activity to be dealt with rapidly and efficiently and then forgotten?

The British venereal diseases service was established during the first world war and was staffed for many years by ex-Army doctors. As a result, it acquired a certain military flavour, which it has never quite lost. Furthermore, at that time, attitudes to sex, especially in Great Britain, were dominated by guilt, and it was assumed that patients with venereal diseases would feel ashamed, or if they did not, that they ought to do so. For this reason the clinics for venereal diseases were usually placed out of sight, in a basement, away from the main stream of hospital patients. Because it was assumed that patients would wish to keep their infection secret, they were not called by their names but by a number, which was supposed to provide anonymity.

In the early years, before the introduction of the National Health Service, the majority of clinic patients came from the lower socio-economic groups of society and those who were able to afford it sought medical advice privately. Because of the difficulty of getting away from work, the reluctance to attend a hospital, and the poor motivation to return for follow-up, the clinics were kept open for long hours, often late in the evenings, to try to encourage attendances. Even after the advent of the Health Service, when the better educated patients started to attend hospital out-patient departments in large numbers, it was assumed that patients at venereal disease clinics would be incapable of keeping appointments, although in almost every other aspect of their lives appointments were regularly made and kept. The successful and increasing use of the appointments system by general practitioners throughout the country has demonstrated how time can be more efficiently used by both patients and doctors.

Because of the anxiety about privacy and the fear that assignations might be made, clinics were designed with separate entrances for men and women and no common waiting room was provided, so that a boy might have to wait for his girl-friend in the street or in the local pub. The failure to provide a suitable waiting area for both sexes may well discourage a boy from bringing his girl-friend with him, just as failure to provide facilities for perambulators and for the care of babies may discourage mothers from attending clinics. The need for improved car-parking facilities for patients is also becoming apparent.

Because of the alteration in the type of disease seen at the clinics and the change in the nature of the work carried out by venereologists, it has recently been suggested that the term 'venereology' is no

longer appropriate, as the older statutory venereal diseases (syphilis, gonorrhoea, and chancroid) now constitute only about a quarter of all the conditions diagnosed. It has been proposed that a more suitable name for the specialty might be 'genito-urinary medicine', a term which more adequately describes the type of medical work practised in the clinics. It was thought that this would have the advantage that the emotional overtones associated with the term 'V.D. clinic' would be avoided and that this might enable general practitioners to refer a wider variety of patients to the clinics, besides removing the stigma that might still be felt by patients even if they were not infected by a statutory venereal disease. Perhaps one of the best suggestions is to use both terms, and to refer to the clinics as 'departments of venereology and genito-urinary medicine'.

Attitudes towards patients with sexually transmitted diseases still need to be brought up to date in some hospitals. There is reason to think that doctors have fallen behind the public in their outlook on sexual matters. In some departments it is still necessary to drop the 'cloth-cap and muffler' image and to move into the era of the miniskirt and exuberant hair growth.

The modern clinic should be situated in the medical out-patients department and should be organized like all other medical clinics. There should be a common entrance for men and women and a common waiting area, and the patients should be called by their names and seen by appointment. The clinic should have a high standard of decoration and equipment with adequate, well-trained staff, including contact tracers and a medical social worker. The standards of bacteriology, virology, and serology in the laboratories should be of the highest calibre, with the facilities for teaching and research that are essential to a progressive, efficient department.

Whatever may be the outcome of these controversial matters, one thing is quite certain: the demands on the clinics will continue to expand throughout the 1970s. The achievements of the past 50 years have been considerable, and despite all these problems, Great Britain not only has the most highly developed venereal diseases service in the world but is the only large industrial country with a group of highly-trained physicians, specializing full-time in venereology. These doctors provide an expert service to the public as well as undertaking basic and applied research into the many problems of the specialty and instructing undergraduate and postgraduate students. The majority of them have a profound knowledge of all the medical, bacteriological, immunological, and social aspects of sexually transmitted diseases, and have taken their place with other specialists and consultants on the staffs of teaching and regional board hospitals. Changes in social attitudes have largely abolished the stigma formerly attached not only to the diseases but also those who worked with them, and there now appears to be an attractive future for those entering the British venereal diseases service as clinics are modernized and staff ratios increased.

During the next decade the sexually transmitted diseases will present a formidable challenge to medical scientists, to health services, to individual physicians, and to society as a whole. We have great opportunities to ensure that our service to the public meets the demands of the future and to extend the leadership which Great Britain has established in venereology throughout the world.

Reference

- ROYAL COMMISSION ON VENEREAL DISEASES (1916)
H.M.S.O., London (Cmd. 8189)